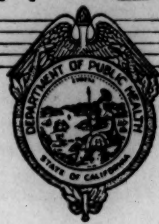


WEEKLY BULLETIN



CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

MAY 14 1942
University of California

ESTABLISHED APRIL 15, 1870
BERTRAM P. BROWN, M. D., Director

STATE BOARD OF PUBLIC HEALTH

DR. A. ELMER BELT, President
Los Angeles

DR. F. M. POTTENGER, SR., Vice-President
Los Angeles

DR. BERTRAM P. BROWN, Executive Officer
Sacramento

DR. V. A. ROSSITER
Santa Ana

DR. NORMAN F. SPRAGUE
Los Angeles

DR. CHARLES E. SMITH
San Francisco

DR. JAMES F. RINEHART
San Francisco

ENTERED AS SECOND-CLASS MATTER FEB. 21, 1922, AT THE POST OFFICE AT SACRAMENTO, CALIFORNIA. UNDER THE ACT OF AUG. 24, 1912. ACCEPTANCE FOR MAILING AT THE SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCT. 3, 1917

SACRAMENTO, STATE OFFICE BLDG., 10TH AND L STS., 2-4711

SAN FRANCISCO, 603 PHELAN BLDG., 760 MARKET ST., UN 8700

LOS ANGELES, STATE OFFICE BLDG., 217 W. FIRST ST., MA 1271

Vol. XXI, No. 15

MAY 2, 1942

GUY P. JONES
Editor

STANDARD IMMUNIZATION PROCEDURES

There seems to be a need for presentation of standard data relative to public health immunization procedures that are in common use. The Bureau of Epidemiology of the California State Department of Public Health has accordingly prepared a table of such procedures. Those for the control of diphtheria, smallpox, and typhoid fever are used so commonly that there is little need for their inclusion in a tabulation of this sort. Nevertheless, it is believed that recommendations related to the administration of these procedures are essential for many health officers and nurses.

Attention is called to the difference in the recommended procedures for immunization against diphtheria in California as compared with recommendations published in the Weekly Bulletin of April 4, 1942. In that issue of the Bulletin the recommendations presented were those that are in common use throughout the United States and may be regarded as standard since they are based upon the reports of the American Academy of Pediatrics, the American Public Health Association and the U. S. Public Health Service.

In California, however, the Schick test is not indicated as a routine public health procedure. The Schick test for individual immunity is regarded in California as desirable, provided that the test is made with a potent product and by an individual who is skilled in reading and evaluating the reaction. Because of the differences in the distribution of the population and certain other differences, the use of the Schick test as a routine procedure in the control of diphtheria is not indicated in California, as in many other States.

Attention is also called to the classification of smallpox vaccination reactions as listed in the California outline, which is as follows:

- A. Vaccinia—vesicle 4-5 days, height 10-14 days.
- B. Vaccinoid—partial immunity—vesicle similar to vaccinia but cycle completed in less time.
- C. Immune reaction—complete immunity—reaction within 48 hours.
- D. No reaction—either faulty technic or poor vaccine.

The outline of immunization procedures as presented on the next page covers most of the diseases for which immunization procedures are now indicated. An effort has been made to provide the essential information in a limited space and the outline is to be regarded only as an index to the methods that are used and recommended in California.

Immunization against some of the diseases in this outline under ordinary conditions may never become necessary, but war conditions make it essential that reliable information relative to the procedures be available for emergency purposes. At this time, typhus fever and yellow fever, as well as plague, seem far removed in our list of possible hazards. We have no way of knowing, however, whether or not immunization against these diseases for the civilian population may become a matter of urgency without warning. For these reasons health officers are requested to keep this outline available in order that the information may be ready for instant use, should it be needed.

Copies of the outline will be provided at no cost to all physicians, health officers and nurses who may request copies.

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

IMMUNIZATION PROCEDURES

BIOLOGIC	METHOD OF ADMINISTERING	EXPECTED DURATION OF IMMUNITY	COMMENTS
Cholera Vaccine—Suspension of 8,000 million killed cholera vibrios per c.c.	2 subcutaneous injections of 0.5 c.c. and 1.0 c.c. at 7 to 10 day intervals. 1 c.c. stimulating dose every 4-6 months when advisable.	Apparently short duration of immunity.	Given to military personnel stationed in areas where there is danger of epidemic cholera.
Diphtheria A. Toxoid—plain undiluted (The anatoxin of Ramon.) The toxin is treated with formaldehyde until its toxicity is reduced. B. Toxoid-alum precipitated Same as A with addition of alum which precipitates antigenic properties. C. Toxin-Antitoxin. (Contains horse serum.) 0.1L+ dose of toxin neutralized to a safe level with required amounts of diphtheria antitoxin. D. Antitoxin—for passive immunity	Subcutaneous—two or three injections of 1 c.c. each at 4 weeks intervals. (Over 9 years of age receive 0.2 c.c. preliminary dose to test for reactions.) Subcutaneously—2 injections 1 c.c. each, 4-6 weeks intervals. Divided doses in those over 6 years indicated. Subcutaneously—3 injections 1 c.c. each at weekly intervals. 1,000 units given after definite exposure.	Best given at 9 months of age and again when child starts to school. Adults—and those over 9 years of age—should receive divided doses or toxin-antitoxin. A 1 c.c. dose every few years will assist in maintaining a high level of immunity. Duration of immunity 2-4 weeks but quite variable.	Schick testing not indicated as a routine public health procedure. Schick tests for testing individual immunity desirable providing test is made with potent product and by an individual skilled in reading and evaluating the reaction. Recommended only when daily observation of contacts is not possible.
Measles (For passive immunity) Immune globulin (human).	2-10 c.c. intramuscularly after exposure or after onset but before appearance of rash.	Produces temporary immunity.	Desirable to only give enough to modify the course of the disease.
Plague (U. S. Army) Suspension of 2,000 million killed plague bacilli per c.c.	2 subcutaneous injections (0.5 c.c. and 1 c.c.) 7-10 day intervals.	1 c.c. stimulating dose to be administered whenever deemed advisable.	Military personnel under serious threat of possible exposure to human bubonic or pneumonic plague.
Rabies Vaccine produced by: A. Semple Method: 10% brain and spinal cord suspension in phenol. B. Harris Method: Brain and cord suspension dried at very low temperature in vacuo. C. Cummings Method: 1% suspension of brain and cord prepared by dialysis until active virulent virus is destroyed. D. Pasteur Method: Dried cord—emulsified in glycerine—each dose is separate and must be given in a definite order—depending upon length of time cord is dried.	14 to 28 injections—1 injection daily, after being bitten. Daily dosage dependent on product used.	Immunity produced is only of short duration.	Given only after exposure to saliva of rabid or suspected rabid animal. Face bites require prompt treatment and greater number of doses. Wound should always be cauterized with fuming nitric acid.
Rocky Mountain Spotted Fever A. Vaccine—ground up infected ticks. B. Vaccine—infected chick embryo.	Two 2 c.c. injections at weekly intervals either subcutaneously or intramuscularly.	Immunity lasts probably only through one tick season.	Should be given only to those living in heavily infected tick areas and whose occupation exposes them to risk of infection.
Scarlet Fever Toxin—produced by method of Doctors Dick Antitoxin—for passive immunity	5 subcutaneous injections at weekly intervals. First injection usually 500 skin test doses, subsequent injections increasing to maximum of 120,000 skin test doses. 2,000 units.	Repeated at intervals during childhood if Dick test is positive. Duration of immunity is relatively short. For short duration. To be given only after known exposure.	Not recommended as a routine procedure in California because of the mild type of scarlet fever prevailing versus the severity of reactions to the Dick toxin. Not recommended in California.
Smallpox A. Calf vaccine virus, plain glycerinated or brilliant green glycerinated. B. Chick embryo vaccine. Used very little now.	Multiple pressure (needle held parallel to skin) 6-12 strokes in 3-inch area preferably on arm-deltoid area. No dressing or a very light gauze dressing. Do not use commercially prepared adhesive tape dressings—a vaccination lesion needs air.	To be administered: A. Early infancy (usually 6 mos.) B. When child starts to school C. Every 5-7 years thereafter and D. Whenever exposed.	Vaccination reactions should be classified as: A. Vaccinia—vesicle 4-5 days, height 10-14 days. B. Vaccinoid—partial immunity—vesicle similar to vaccinia but cycle completed in less time. C. Immune reaction—complete immunity—reaction within 48 hours. D. No reaction—either faulty technique or poor vaccine.
Tetanus A. Toxoid—plain (Used by U. S. Army) B. Toxoid—alum precipitated (Used by U. S. Navy)	Plain Toxoid—Army Method: Three 1 c.c. injections subcutaneously 3 weeks apart. Alum Toxoid—U. S. Navy Method: Two 1 c.c. injections subcutaneously 2-3 months apart. Thereafter as with plain toxoid as explained in next column.	1 c.c. injection end of first year. 1 c.c. injection when departing for theater of operations (if more than 6 mos. from last injection) then 1 c.c. whenever wounded or exposed to tetanus infection.	Recommended only for military forces not for civilians because record of immunization is included on identification tags of military groups and with civilians this record not available in emergencies.
Typhoid Fever A. Straight typhoid vaccine. 1,000 million bacteria per c.c. B. Triple vaccine. Typhoid—1,000 million per c.c. Paratyphoid A—750 million per c.c. Paratyphoid B—750 million per c.c.	Subcutaneously 3 injections of 0.5 c.c., 1 c.c., and 1 c.c., at weekly intervals. OR Intracutaneously 0.1 c.c. each 3 to 5 times at weekly intervals.	At any age when exposed. To individuals living under conditions predisposing to exposure to the disease. Immunity 3-5 years approximately.	Recommend: Primary immunization of 3 injections followed by 1 injection at 3-year intervals. The latter to be 0.1 c.c. intracutaneously.
Typhus Fever Vaccine—a suspension of killed louse-borne epidemic typhus rickettsiae prepared by Cox yolk sac culture method.	Army Method: 3 injections 1 c.c. each subcutaneously at 7 to 10 day intervals. 1 c.c. stimulating doses every 4-6 months when advisable.	Apparently short duration of immunity.	Given to military personnel stationed in areas where there is danger of epidemic typhus.
Whooping Cough Vaccine—10,000 million to 20,000 million bacteria per c.c.	Prophylaxis: 3-4 injections at weekly intervals—size of dose depending on product. After exposure: Graduated doses at 24 hours intervals for 6 doses. Therapy: Graduated doses every 24 hours.	The younger the child the more advisable it is to have immunization. After known exposure should be reimmunized.	For the infant and preschool child.
Yellow Fever 17D strain—living virus modified by long cultivation in chick embryo tissue.	0.5 c.c. of 1:10 dilution of concentrated vaccine subcutaneously.	One injection produces lifelong immunity but in the presence of an epidemic it should be repeated as a precaution.	Prepared by the laboratories of the International Health Division, Rockefeller Foundation.
Diphtheria-Tetanus Combined Toxoid—alum precipitated.	Two 1 c.c. injections subcutaneously 2-3 months intervals.	Immunity produced is as complete as with the separate products.	Probably not advisable for routine public health use owing to excessive cost. Diphtheria and whooping cough probably preferable of the two.
Diphtheria-Whooping Cough Combined 1 c.c. { Whooping cough vaccine 10,000 million. Alum precipitated diphtheria toxoid.	3-4 injections of 1 c.c. each subcutaneously at monthly intervals.	Immunity produced is as complete as with the separate products.	For use in very young children and infants 6-9 months of age.

EXAMINATION FOR CHILD HYGIENE CHIEF

The California State Personnel Board has announced an examination for qualified applicants for the position of Chief of the Bureau of Child Hygiene of the California State Department of Public Health. All such applications must be filed by May 23, 1942. The time and place of interviews will be announced to all applicants who meet the minimal entrance requirements. Candidates must possess a valid license to practice as a physician and surgeon in California or in the home State of the applicant, provided he is eligible for license in California. Educational requirements demand graduation from an approved medical school and one year's internship in a hospital, two years of graduate training in pediatrics or obstetrics and completion of a one-year post graduate course in a recognized school of public health, together with two years of administrative experience in the field of maternal and child health.

The position, broadly, covers administrative direction, planning, coordinating and directing the State-wide program of maternal and child health, including all of the ramifications that are commonly accepted in the child and maternal hygiene program.

The examination will not include a written test. Applicants who meet the entrance requirements will be asked to fill out a questionnaire on their experience and background to bring out their knowledge and skill not only of obstetrics, gynecology and pediatrics, but also the principles of public health and the administration of maternal and child health programs as carried on by Federal, State and local agencies. Applicants must be able to address an audience effectively and must be able to cooperate with all groups who may be interested in the promotion of maternal and child health programs. Good health and freedom from disabling defects are demanded.

Applications filed by mail must be addressed to the State Personnel Board, 1015 L Street, Sacramento, and will not be accepted if postmarked later than midnight of May 23, 1942.

DERMATITIS DUE TO MAGNESIUM

At the request of the U. S. Public Health Service, an investigation was made recently in a magnesium plant to determine whether employees of the plant are exposed to a skin hazard from metallic magnesium splinters. This investigation, made by Industrial Hygiene Services, showed that in this particular plant, there is little likelihood of a dermatitis hazard from metallic magnesium. In the eight months during

which the plant has been in operation, only three cases of dermatitis due to magnesium have occurred among its 2,000 employees, and these were among employees exposed to magnesium oxide dust rather than metallic magnesium splinters.

**ANNUAL MUSSEL QUARANTINE
ESTABLISHED**

The annual mussel quarantine order issued by the Director of Public Health of the California State Department of Public Health became effective May 1 and will extend through October 31, 1942. The area within which the order is effective covers the ocean shores of California from the California-Oregon boundary on the north to the California-Mexico boundary on the south, including the Bay of San Francisco.

Under instructions specified in the order all health officers and food inspectors are required to enforce the provisions of the quarantine, to prohibit the taking, sale or offering for sale of mussels in or from the specified areas, with the single exception that permission is given to take mussels for use as fish bait provided that they are rendered unfit for food purposes by processing with salt and provided further that the containers in which the processed mussels are placed shall be labeled "For Fish Bait Only—Unfit For Human Consumption." Furthermore, health officers of counties bordering on the coast and bay are required to post quarantine signs in conspicuous places, warning the public that mussels are now unfit for human consumption and that it is unlawful to take, sell or offer them for sale during the period May 1 to October 31. In addition, these quarantine signs must warn the public that clams should be cleaned and washed before cooking them and that all dark parts should be discarded because any poison that might be present during the months May to October, inclusive, would be concentrated in the dark tissue. Only the white clam meat should be prepared for cooking and eating.

These orders are exercised only for the preservation of the public health and they are in addition to regulations that may establish any permanent quarantines on shell fish because of sewage pollution.

To tell people they can do as they please, to give them in democracy free speech, free press, free assembly, is not the solution of the problem. That is the problem. No other way of life so much as democracy calls for intelligence, character and moral responsibility inside the citizen.—Rev. Harry E. Fosdick, D.D., pastor of the Riverside Church, N. Y.

MORBIDITY***Complete Reports for Certain Diseases Recorded for Week Ending April 25, 1942****Chickenpox**

1371 cases from the following counties: Alameda 171, Butte 5, Contra Costa 19, Fresno 18, Humboldt 14, Imperial 3, Kern 25, Los Angeles 498, Marin 1, Merced 1, Monterey 5, Nevada 3, Orange 38, Placer 2, Plumas 6, Riverside 12, Sacramento 25, San Bernardino 52, San Diego 120, San Francisco 114, San Joaquin 16, San Luis Obispo 4, San Mateo 29, Santa Barbara 21, Santa Clara 63, Santa Cruz 4, Siskiyou 4, Solano 12, Sonoma 13, Stanislaus 2, Sutter 6, Tulare 40, Ventura 20, Yolo 5.

German Measles

2550 cases from the following counties: Alameda 417, Butte 7, Contra Costa 11, Fresno 31, Humboldt 1, Imperial 5, Inyo 4, Kern 122, Kings 13, Lassen 1, Los Angeles 276, Marin 10, Mariposa 1, Merced 21, Monterey 11, Orange 29, Plumas 2, Sacramento 12, San Bernardino 44, San Diego 461, San Francisco 653, San Joaquin 27, San Luis Obispo 60, San Mateo 90, Santa Barbara 10, Santa Clara 106, Santa Cruz 20, Shasta 1, Siskiyou 1, Solano 21, Sonoma 24, Stanislaus 19, Sutter 2, Tulare 22, Ventura 10, Yolo 5.

Measles

6933 cases from the following counties: Alameda 666, Amador 25, Butte 68, Colusa 3, Contra Costa 46, Fresno 293, Glenn 2, Humboldt 5, Imperial 117, Inyo 2, Kern 158, Kings 9, Lassen 5, Los Angeles 2462, Madera 23, Marin 7, Mariposa 3, Merced 94, Monterey 7, Napa 9, Nevada 40, Orange 427, Placer 2, Plumas 6, Riverside 109, Sacramento 168, San Benito 3, San Bernardino 85, San Diego 774, San Francisco 370, San Joaquin 44, San Luis Obispo 59, San Mateo 97, Santa Barbara 187, Santa Clara 108, Santa Cruz 27, Shasta 6, Siskiyou 58, Solano 69, Sonoma 62, Stanislaus 21, Sutter 22, Trinity 1, Tulare 67, Tuolumne 13, Ventura 42, Yolo 59, Yuba 3.

Mumps

2304 cases from the following counties: Alameda 286, Butte 1, Colusa 1, Contra Costa 18, Del Norte 2, Fresno 103, Humboldt 9, Imperial 60, Kern 63, Kings 6, Los Angeles 413, Madera 4, Marin 6, Merced 13, Monterey 34, Nevada 1, Orange 70, Riverside 31, Sacramento 58, San Bernardino 272, San Diego 246, San Francisco 213, San Joaquin 57, San Luis Obispo 15, San Mateo 45, Santa Barbara 21, Santa Clara 122, Santa Cruz 8, Siskiyou 10, Solano 8, Sonoma 29, Stanislaus 9, Sutter 3, Tulare 18, Ventura 43, Yolo 6.

Scarlet Fever

130 cases from the following counties: Alameda 2, Contra Costa 3, Fresno 12, Kern 5, Los Angeles 34, Merced 1, Monterey 6, Nevada 15, Orange 6, Riverside 3, Sacramento 3, San Bernardino 11, San Diego 12, San Francisco 7, Santa Clara 2, Siskiyou 1, Sonoma 1, Stanislaus 1, Sutter 1, Tulare 2, Ventura 1, Yuba 1.

Whooping Cough

391 cases from the following counties: Alameda 38, Butte 6, Fresno 25, Humboldt 8, Imperial 1, Inyo 3, Kern 19, Kings 2, Los Angeles 46, Monterey 14, Nevada 4, Orange 13, Plumas 2, Riverside 5, Sacramento 34, San Bernardino 3, San Diego 9, San Francisco 14, San Joaquin 46, San Luis Obispo 4, Santa Barbara 13, Santa Clara 18, Santa Cruz 2, Sonoma 6, Stanislaus 1, Tulare 42, Ventura 7, Yolo 6.

Coccidioidal Granuloma

One case from Kern County.

Diphtheria

12 cases from the following counties: Kern 1, Los Angeles 3, Riverside 1, San Bernardino 3, San Francisco 1, Tuolumne 1, Ventura 1, Yuba 1.

Dysentery (Bacillary)

4 cases from the following counties: Los Angeles 2, Sacramento 1, Sonoma 1.

Encephalitis (Epidemic)

One case from Kern County.

Epilepsy

33 cases from the following counties: Los Angeles 25, Napa 1, San Bernardino 1, San Diego 1, San Francisco 4, Sonoma 1.

Food Poisoning

One case from Los Angeles County.

Influenza

165 cases reported in the State.

Jaundice (Epidemic)

9 cases from the following counties: Humboldt 1, Los Angeles 7, Monterey 1.

Leprosy

2 cases from the following counties: Los Angeles 1, San Mateo 1.

Meningitis (Epidemic)

2 cases from Los Angeles County.

Paratyphoid Fever

2 cases from Los Angeles County.

Poliomyelitis

One case from Los Angeles County.

Rabies (Animal)

6 cases from the following counties: Los Angeles 5, Tulare 1.

Rheumatic Fever

5 cases from the following counties: Los Angeles 3, Tulare 2.

Tetanus

One case from Santa Clara County.

Tularemia

One case from Kern County.

Typhoid Fever

2 cases from the following counties: Lake 1, Los Angeles 1.

Undulant Fever

5 cases from the following counties: Los Angeles 3, Santa Barbara 1, Solano 1.

The California State Department of Public Health is proud of the members of its staff who have entered the armed forces of the United States. It is with a sense of great pride that the names of the following men who have entered such forces are listed here:

UNITED STATES NAVY

Lloyd P. Bascom
Alcor Browne
O. L. Butterfield
James R. Keefer
E. B. Mansfield
Don Roberts

UNITED STATES ARMY

Clark Beckwith
Jules Comroe, M.D.
Leon Comroe, M.D.
Joseph Copeland, M.D.
Robert Dyar, M.D.
Edward Hirschberg, M.D.
George Husser, M.D.
Edward Maher, M.D.

UNITED STATES MARINES

John Cruzan

University of California
Medical Library,
3rd & Parnassus Aves.,
San Francisco, Calif.

